HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS (LONG FORM)

NAME (Last, First, Middle)

Ching, Darwin, Len Dai

STATE POSITION HELD: (Dept/Div or Board/Commission)

Board of Education

TERM OF OFFICE (Begin/End):

8/05

FOR EACH ITEM, EXCEPT ITEM 9, DISCLOSE INTERESTS OF FILER, SPOUSE, AND DEPENDENT CHILDREN. USE THE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and filer.

ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR

List the source (the term "source" also includes any state or other government agencies) and amount of all income of \$1,000 or more

received during the preceding calendar year, for services rendered, and the nature of the services rendered.

F,SP,DC,JT	NAME AND ADDRESS OF SOURCE OF INCOME	AMOUNT	SERVICES RENDERED
F	Darwin L.D. Ching, Attorney 1001 Bishop Street ASB Tower, Suite 1008 Honolulu, Hawaii 96813	G	Attorney
SP	Iolani School 563 Kamoku Street Honolulu, Hawaii 96826	D	Secretary

]Check here if entry is None

[]Check here if additional sheets are attached

ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List the amount and identity of every ownership or beneficial interest held during the disclosure period in any business incorporated, regulated, or licensed to carry on business in the State if the interest has a value of \$5,000 or more or is equal to 10% or more of the ownership of the business.

F,SP, DC,JT	BUSINESS NAME AND ADDRESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES
F	Darwin L.D. Ching Attorney at Law 1001 Bishop Street ASB Tower, Suite 1008 Honolulu, HI 96813	Attorney	Sole Proprietor	E

Check here if entry is None

[]Check here if additional sheets are attached

ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List any ownership or beneficial interests in businesses transferred during the disclosure period and the date of transfer.

F,SP, DC,JT	OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING THIS DISCLOSURE PERIOD	DATE OF TRANSFER
[x]Chec	k here if entry is None []Check here if additiona	I sheets are attached

ITEM 4: CREDITORS

List the name and address of each creditor to whom the value of \$3,000 or more was owed during the disclosure period and the original amount and amount outstanding (excluding debts arising out of retail transactions or the purchase of consumer goods).

F,SP, DC,JT	NAME OF CREDITOR AND ADD	RESS	ORIGINAL AMOUNT OWED	AMOUNT OUTSTANDING
JT	Washington Mutual P.O. Box 834 Seattle, WA 98111	(Home Mortgage)	G	G
JT	Washington Mutual P.O. Box 834 Seattle, WA 98111	(Home Equity)	D	D
[]Chec	ck here if entry is None		[]Check here if addition	nal sheets are attached

ITEM 5: OFFICERSHIPS, DIRECTORSHIPS, TRUSTEESHIPS

List every officership, directorship, trusteeship, or other fiduciary relationship held during the disclosure period in any business or organization, the term of office, and the annual compensation.

organizati	on, the term of office, and the annual compensatio	n.		
F,SP, DC,JT	NAME AND ADDRESS OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION
F	Palama Settlement 810 N. Vineyard Blvd. Honolulu, Hawaii 96817	Director	2002-2005	None

[]Check here if entry is None

[]Check here if additional sheets are attached

ITEM 6: INTERESTS IN REAL PROPERTY HELD IN THE STATE

	sts in real property in the State, held during the disclosure		
F,SP, DC,JT	STREET ADDRESS	TAX MAP KEY NUMBER	VALUE
JT	7524 Napoko Street Honolulu, Hawaii 96825	3-9-087-070-000)O I
[]Chec	k here if entry is None		dditional sheets are attached
ist intere	TIEM 7: INTERESTS IN RE sts in real property in the State, acquired during the disclo	EAL PROPERTY ACQUIRED osure period, if the interest has a va	lue of \$10,000 or more.
F,SP, DC,JT	TAX MAP KEY NUMBER & STREET ADDRESS	AMOUNT & NATURE OF CONSIDERATION PAID	NAME OF PERSON RECEIVING THE CONSIDERATION
			7
[x]Chec	k here if entry is None	[]Check here if a	dditional sheets are attached
ist intere	ITEM 8: INTERESTS IN REAL sts in real property in the State, transferred during the dis	L PROPERTY TRANSFERRED	value of \$10,000 or more.
F,SP, DC,JT	TAX MAP KEY NUMBER & STREET ADDRESS	AMOUNT & NATURE OF CONSIDERATION RECEIVED	NAME OF PERSON FURNISHING THE CONSIDERATION
		•	
[-]Che	ck here if entry is None	[]Check here if a	additional sheets are attached

ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES List the names of clients personally represented by you before state agencies, except in ministerial matters, for a fee or compensation

NAM	E OF CLIENT		NAME OF STATE AGENCY		
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CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.

Darrin L. D. Ching

9/2/05

DATE